## STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM LEAD SAFE WEATHERIZATION RENOVATION CHECKLIST

| Agency Name:  | Renovation Date(s):   |
|---|---|
| Client Name:  | Location of Renovation:   |
| Brief Description of Renovation:  |   |
| Name of Assigned Renovator:   |   |
| Name(s) of Trained Worker(s), if used:  |   |
| Copies of renovator's qualifications (trainin   | g certificates, certifications) are on file with agency office.   |
|   | fe practices were practiced (check all that apply):  Setting up plastic barriers  Avoiding spread of dust to adjacent areas Post-renovation cleaning                                    |
| ☐ XRF results are in client's permanent file.   |   |
| ☐ Warning signs posted at entrance of work are  | ea.   |
| <ul><li>Floors in work are covered with tape</li><li>Ground covered by plastic extending by heavy objects (exteriors)</li></ul>         | covered (interiors) d covered (interiors) teriors) work area closed (exteriors) d (interiors) rea closed and sealed (exteriors) are covered to allow passage but prevent spread of dust |
| Waste contained on-site and while being tran  | nsported off-site.  |
|   | ective sheeting misted, folded dirty side inward, and taped for removal ned using HEAP vacuum and/or wet cloths or mops (interiors)   |
| <ul><li>Certified renovator performed post-renovation dry cloths used):</li><li>I certify under penalty of law that the above</li></ul> | on cleaning verification (describe results including number of wet and information is true and complete.  |
|   |   |
| Name and Title  | Date  |